

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - ~~41346~~

12245

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name Carl A Jones, Jr.

P.O. Box, Bldg., Room No., if any

Street 3034 Weslock Cr

City Decatur

State Georgia ZIP Code + 4 30034

4. Name, file number, and address of labor organization.

Name TEXTILE PROCESSORS, UFCW, AFL-CIO LU 218

Labor Organization File Number 041-346

P.O. Box, Building and Room Number, if any P O BOX 115027

Street 535 Joseph E. Lowery Blvd

City Atlanta

State Georgia ZIP Code + 4 30310

5. Position in labor organization.

Treasurer

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name n/a

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

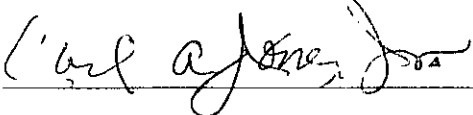
n/a

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8/15/05
Date

404-964-5289
Telephone Number

Name of Person Filing Carl Jones, Jr.	File Number U- 41346
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Local 218 & Linen Srv& Ind Lndry Empls H&W FD</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg, Room No., if any P O Box 115027</p> <p>Street 535 Joseph E. Lowery Blvd</p> <p>City Atlanta</p> <p>State Georgia ZIP Code + 4 30310</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employee's name.</p> <p>Name Local 218 & Linen Srv& Ind Lndry Empls H&W F</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P O Box 115027</p> <p>Street 535 Joseph E. Lowery Blvd</p> <p>City Atlanta</p> <p>State Georgia ZIP Code + 4 30310</p>	<p>11.a. Nature of such dealing.</p> <p>Attended Internatlional Foundation Meeting in New Orleans, LA</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Reimbursed Expenses for Attending International Foundation meeting in New Orleans, LA</p> <p>12.b. Amount. \$1,340</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name The Segal Company</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2018 Powers Ferry Road, Suite 850</p> <p>City Atlanta</p> <p>State Georgia ZIP Code + 4 30310</p>	<p>14.a. Nature of payment.</p> <p>Lunch with the Segal Co</p>
<p>13.b. Is the Business an Employer or Consultant <input checked="" type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$41</p>

Name of Person Filing Carl Jones	File Number U- 41346
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Davis Hamilton Jackson Associates, L.P Trade Name, if any: P O. Box, Bldg., Room No., if any Street 5 Houston Center, 1401 McKinney, City Houston State Texas ZIP Code + 4 37701	14.a. Nature of payment. Dinner in New Orleans during the International Foundation meeting- About 40 people in attendance Approximately \$100.
13.b. Is the Business an Employer or Consultant <input checked="" type="checkbox"/> ?	14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment

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13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.